

REGISTRATION FORM

26TH ANNUAL SUMMER YADAPP CONFERENCE • JULY 19-22, 2010 • LONGWOOD UNIVERSITY



Registration & Payment Information

Mail or hand deliver the completed registration form and payment to Virginia ABC at the following address:

Virginia ABC
Education Section / YADAPP 2010
2901 Hermitage Road
Richmond, VA 23220

- **Registration and payment deadline: June 25, 2010.**
- **Registration fee: \$500.** This covers lodging and meals for a team of four students and one adult sponsor. Additional adult sponsors can be added for \$150 each.
- Please make check payable to "Virginia ABC."
- Cancellations should be made in writing. Full refunds will be made for cancellations before June 25. Fifty percent refunds will be made from June 26 to July 9. No refunds will be made after July 9.
- Confirmation letters will be sent directly to the adult sponsor's mailing address.

Please visit www.yadapp.com for more information. You may also contact the Virginia ABC Education Section by e-mail, education@abc.virginia.gov, or by phone, **(804) 213-4688**. Additional copies of this registration form are available on www.yadapp.com as well as www.abc.virginia.gov.

Adult Sponsor

Please provide the adult sponsor's name and contact information (which will be used to contact the team as a whole). Please print legibly and verify spelling for nametags.

Name of adult sponsor (last, first): _____

Name of school / organization: _____

Mailing address: _____

_____ E-mail: _____

Phone: _____ Fax: _____

Student Team Members & Additional Adult Sponsors

Please list the names and e-mail addresses of all student team members and any additional adult sponsors. Please print legibly and verify spelling for nametags. Names of all team members are required by July 2.

Name (last, first)	Gender	E-mail
student team member	<input type="checkbox"/> M <input type="checkbox"/> F	
student team member	<input type="checkbox"/> M <input type="checkbox"/> F	
student team member	<input type="checkbox"/> M <input type="checkbox"/> F	
student team member	<input type="checkbox"/> M <input type="checkbox"/> F	
additional adult sponsor	<input type="checkbox"/> M <input type="checkbox"/> F	
additional adult sponsor	<input type="checkbox"/> M <input type="checkbox"/> F	

Payment Information

Please indicate a payment option and financial contact (if different from the adult sponsor). Payment by cash or credit is not accepted.

Payment option (check only one): ☐ Purchase order or check is *enclosed*. ☐ Purchase order or check will be *mailed* by June 25, 2010.

Federal Tax ID #: _____ Purchase Order #: _____

Name of financial contact (last, first): _____

Mailing address: _____

_____ E-mail: _____

Phone: _____ Fax: _____